



TOWN OF AMHERST, NEW HAMPSHIRE FIRE DEPARTMENT

P.O. Box 1199, 177 Amherst Street

Amherst, NH 03031

Phone (603) 673-1545 Fax (603) 672-3927

Fire Prevention Permit

Permit Type: _____

(For Official Use Only)

The undersigned hereby applies for a permit and complete work in compliance with applicable State Fire Codes and NFPA Standards as adopted by the state and the Town of Amherst.

Address _____ Lot # _____

Type of Occupancy: _____ New Construction: ☐ Yes ☐ No

Owner's Name _____ Owner's Telephone: _____

Owner's Address _____,
Street town state zip

Occupant's Name: _____ Occupant's Telephone: _____

Description of Work: _____

Container Location: ☐ N/A ☐ Above Ground ☐ Below Ground Gallon Capacity: _____

SN: _____ Year of Manufacture: _____ ☐ New ☐ Old

Name of Contractor: _____ Telephone: _____

Contractor Address: _____,
Street town state zip

License #: _____ Expiration Date: _____

Date Signature of Owner or Installer

Additional Information: _____

When signed below by the Fire Inspector or his designee, this application may be used as a PERMIT authorizing the work and/or installation based on approved plans.

Permit No. _____ Signature of Fire Inspector: _____

The project described above has been completed, inspected and found to be in compliance with local and State Fire Code as adopted by the State Fire Marshal.

Date Signature of Inspector